

Contract Award Report

STATE OF MONTANA

DEPARTMENT OF REVENUE

CONTRACT AWARDING AGENCY OR PRIME CONTRACTOR MUST COMPLETE THIS FORM AND MAIL TO THE STATE DEPARTMENT OF REVENUE WITHIN 10 DAYS AFTER CONTRACT OR BID HAS BEEN OFFICIALLY AWARDED.

1	Contract Awarded by (Agency or Prime Contractor)		MAIL TO: Business Tax Section Income & Miscellaneous Tax Division Department of Revenue PO Box 5835 Helena, MT 59604	
	Name			
	Address			
	City/Town	Zip Code		
2	Contract Awarded to (Prime or Sub Contractor)		3	Montana Contractor's Registration Number
	Name		4	Contract Award Date
	Address		5	Construction Completion Date
	City/Town			
6	Contract Number/Official Designation		7	Contract Amount
8	Description of Work to be performed			
9	Location of work to be performed (be specific)			
Report Submitted by		Agency or Prime Contractor		
Award Authorization		Preparers' Signature		Date
Preparers Telephone Number				